

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

**WESTERN DIST. OF NORTH CAROLINA**

Case number (if known): \_\_\_\_\_ Chapter you are filing under:

- ☐ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☒ Chapter 13

☐ Check if this is an amended filing

**Official Form 101**

**Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
<b>1. Your full name</b>  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	<b>Douglas</b> First Name  <b>Kay</b> Middle Name  <b>Hicks</b> Last Name  Suffix (Sr., Jr., II, III) _____	<b>Brenda</b> First Name  <b>Hudson</b> Middle Name  <b>Hicks</b> Last Name  Suffix (Sr., Jr., II, III) _____
<b>2. All other names you have used in the last 8 years</b>  Include your married or maiden names.	_____ First Name  _____ Middle Name  _____ Last Name	_____ First Name  _____ Middle Name  _____ Last Name
<b>3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)</b>	<b>xxx - xx - 5 7 4 2</b>  OR  <b>9xx - xx - _____</b>	<b>xxx - xx - 8 3 5 0</b>  OR  <b>9xx - xx - _____</b>

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and doing business as names

☒ I have not used any business names or EINs.

☒ I have not used any business names or EINs.

Business name \_\_\_\_\_

Business name \_\_\_\_\_

Business name \_\_\_\_\_

Business name \_\_\_\_\_

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

**5. Where you live**

**If Debtor 2 lives at a different address:**

**173 Louie Hicks Road**

Number Street

Number Street

**Pageland SC 29728**

City State ZIP Code

City State ZIP Code

**Chesterfield**

County

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

Number Street

P.O. Box

P.O. Box

City State ZIP Code

City State ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

*Check one:*

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

*Check one:*

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☒ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

☒ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

**Venue is proper in SC, but Debtors have elected to file in this district due to their convenience and upon the belief that their creditors have no objection thereto.**

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Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under**

*Check one:* (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☐ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☒ Chapter 13

**8. How you will pay the fee**

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

- ☐ No  
☒ Yes.

District WDNC, Charlotte Division (Ch 13) When 08/15/2016 Case number 16-31325  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

- ☒ No  
☐ Yes.

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, \_\_\_\_\_  
MM / DD / YYYY if known  
Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, \_\_\_\_\_  
MM / DD / YYYY if known

**11. Do you rent your residence?**

- ☒ No. Go to line 12.  
☐ Yes. Has your landlord obtained an eviction judgment against you?  
☐ No. Go to line 12.  
☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

### Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?
- ☒ No. Go to Part 4.  
☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

Name of business, if any \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ No. I am not filing under Chapter 11.  
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

### Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?
- ☒ No  
☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed? \_\_\_\_\_

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property? \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

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☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

- 16. What kind of debts do you have?**
- 16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ No. Go to line 16b.  
☒ Yes. Go to line 17.
- 16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.  
☐ Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer or business debts.
- 
- 17. Are you filing under Chapter 7?**
- ☒ No. I am not filing under Chapter 7. Go to line 18.
- ☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☐ No  
☐ Yes
- 18. How many creditors do you estimate that you owe?**
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |
- 19. How much do you estimate your assets to be worth?**
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000                  | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input checked="" type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000           | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million         | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |
- 20. How much do you estimate your liabilities to be?**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 7: Sign Below**

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X /s/ Douglas Kay Hicks**

Douglas Kay Hicks, Debtor 1

Executed on **08/19/2019**

MM / DD / YYYY

**X /s/ Brenda Hudson Hicks**

Brenda Hudson Hicks, Debtor 2

Executed on **08/19/2019**

MM / DD / YYYY

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X /s/ Matthew H. Crow** \_\_\_\_\_

Signature of Attorney for Debtor

Date **08/19/2019**

MM / DD / YYYY

**Matthew H. Crow** \_\_\_\_\_

Printed name

**Crow Law Firm** \_\_\_\_\_

Firm Name

**315 B North Main Street** \_\_\_\_\_

Number Street

**Monroe** \_\_\_\_\_

City

**NC** \_\_\_\_\_

State

**28112** \_\_\_\_\_

ZIP Code

Contact phone **(704) 283-1175** \_\_\_\_\_

Email address **matthewcrow@crowlawfirm.com** \_\_\_\_\_

**26117** \_\_\_\_\_

Bar number

State



**Fill in this information to identify your case and this filing:**

Debtor 1	<b>Douglas</b>	<b>Kay</b>	<b>Hicks</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Brenda</b>	<b>Hudson</b>	<b>Hicks</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>WESTERN DIST. OF NORTH CAROLINA</b>			
Case number (if known)	_____		

☐ Check if this is an amended filing

**Official Form 106A/B**

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☐ No. Go to Part 2.  
☒ Yes. Where is the property?

1.1.

**173 Louie Hicks Lane**

Street address, if available, or other description

**Pageland** **SC** **29728**  
City State ZIP Code

**Chesterfield**  
County

**vacant Property**  
**0.75 acre parcel adjacent lot known**  
**as 149 Louie Hicks Lane, Pageland,**  
**SC 29728. County tax value is**  
**\$8,000.00. (Surrender)**

**What is the property?**

Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☒ Manufactured or mobile home  
☒ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?**

Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

**Other information you wish to add about this item, such as local**  
**property identification number:** 01000000036

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<u>\$8,000.00</u>	<u>\$8,000.00</u>

**Describe the nature of your ownership  
interest (such as fee simple, tenancy by the  
entireties, or a life estate), if known.**

**Joint Tenants w/ Rights o**

☐ Check if this is community property  
(see instructions)

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

<p>1.2.</p> <p><b>4127 Crowburk Road</b></p> <p>Street address, if available, or other description</p>  <p><b>Pageland SC 29728</b></p> <p>City State ZIP Code</p> <p><b>Chesterfield</b></p> <p>County</p> <p><b>Rental Property - 4127 Crowburk Rd 1973 Carolina DWMH and 0.75 acre parcel adjacent lot known as 4127 Crowburk Road, Pageland, SC 29728. FMV is based on county tax value.</b></p>	<p><b>What is the property?</b> Check all that apply.</p> <p><input type="checkbox"/> Single-family home</p> <p><input type="checkbox"/> Duplex or multi-unit building</p> <p><input type="checkbox"/> Condominium or cooperative</p> <p><input checked="" type="checkbox"/> Manufactured or mobile home</p> <p><input checked="" type="checkbox"/> Land</p> <p><input type="checkbox"/> Investment property</p> <p><input type="checkbox"/> Timeshare</p> <p><input type="checkbox"/> Other _____</p> <p><b>Who has an interest in the property?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><b>Other information you wish to add about this item, such as local property identification number:</b> <u>01000000155</u></p>	<p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i>.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>Current value of the entire property?</b></td> <td style="width: 50%;"><b>Current value of the portion you own?</b></td> </tr> <tr> <td style="text-align: right;"><u>\$4,000.00</u></td> <td style="text-align: right;"><u>\$4,000.00</u></td> </tr> </table> <p><b>Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.</b></p> <p><b>Joint Tenants w/ Rights o</b></p> <p><input type="checkbox"/> Check if this is community property (see instructions)</p>	<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>	<u>\$4,000.00</u>	<u>\$4,000.00</u>
<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>					
<u>\$4,000.00</u>	<u>\$4,000.00</u>					
<p>1.3.</p> <p><b>173 Louie Hicks Lane</b></p> <p>Street address, if available, or other description</p>  <p><b>Pageland SC 29728</b></p> <p>City State ZIP Code</p> <p><b>Chesterfield</b></p> <p>County</p> <p><b>Debtors' residence House and 2.906 acre parcel known as 173 Louie Hicks Lane, Pageland, SC 29728. FMV is based on county tax value.</b></p>	<p><b>What is the property?</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Single-family home</p> <p><input type="checkbox"/> Duplex or multi-unit building</p> <p><input type="checkbox"/> Condominium or cooperative</p> <p><input type="checkbox"/> Manufactured or mobile home</p> <p><input type="checkbox"/> Land</p> <p><input type="checkbox"/> Investment property</p> <p><input type="checkbox"/> Timeshare</p> <p><input type="checkbox"/> Other _____</p> <p><b>Who has an interest in the property?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><b>Other information you wish to add about this item, such as local property identification number:</b> <u>01000000037</u></p>	<p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i>.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>Current value of the entire property?</b></td> <td style="width: 50%;"><b>Current value of the portion you own?</b></td> </tr> <tr> <td style="text-align: right;"><u>\$58,600.00</u></td> <td style="text-align: right;"><u>\$58,600.00</u></td> </tr> </table> <p><b>Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.</b></p> <p><b>Joint Tenants w/ Rights o</b></p> <p><input type="checkbox"/> Check if this is community property (see instructions)</p>	<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>	<u>\$58,600.00</u>	<u>\$58,600.00</u>
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<u>\$58,600.00</u>	<u>\$58,600.00</u>					

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

<p>1.4. <b>0.168 acre parcel adjacent lot known as 4127 Crowburk Road, Pageland, SC 29728.</b></p> <p><b>undeveloped adjacent lot to Rental Property</b> <b>0.168 acre parcel adjacent to rental property known as 4127 Crowburk Road, Pageland, SC 29728. FMV is based on county tax value.</b> <b>Undeveloped and too small to develop or improve lot.</b></p> <p><b>Chesterfield</b> County</p>	<p><b>What is the property?</b> Check all that apply.</p> <p><input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit building <input type="checkbox"/> Condominium or cooperative <input type="checkbox"/> Manufactured or mobile home <input checked="" type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other _____</p> <p><b>Who has an interest in the property?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another _____</p> <p><b>Other information you wish to add about this item, such as local property identification number:</b> _____</p>	<p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i>.</p> <table border="0"> <tr> <td><b>Current value of the entire property?</b></td> <td><b>Current value of the portion you own?</b></td> </tr> <tr> <td><u>\$800.00</u></td> <td><u>\$800.00</u></td> </tr> </table> <p><b>Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.</b></p> <p><b>Joint Tenants w/ Rights o</b> _____</p> <p><input type="checkbox"/> <b>Check if this is community property</b> (see instructions)</p>	<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>	<u>\$800.00</u>	<u>\$800.00</u>
<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>					
<u>\$800.00</u>	<u>\$800.00</u>					

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here..... → **\$71,400.00**

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No  
☒ Yes

<p>3.1. Make: <u><b>Kia</b></u> Model: <u><b>Sol</b></u> Year: <u><b>2014</b></u> Approximate mileage: _____ Other information: <b>2014 Kia Soul, VIN: KNDJP3A57E7712726</b> <b>FMV is based on debtors' self appraisal, wrecked, totaled.</b></p>	<p><b>Who has an interest in the property?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another _____</p> <p><input type="checkbox"/> <b>Check if this is community property</b> (see instructions)</p>	<p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i>.</p> <table border="0"> <tr> <td><b>Current value of the entire property?</b></td> <td><b>Current value of the portion you own?</b></td> </tr> <tr> <td><u>\$3,000.00</u></td> <td><u>\$3,000.00</u></td> </tr> </table>	<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>	<u>\$3,000.00</u>	<u>\$3,000.00</u>
<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>					
<u>\$3,000.00</u>	<u>\$3,000.00</u>					

Debtor 1 **Douglas Kay Hicks**  
 Debtor 2 **Brenda Hudson Hicks** Case number (if known) \_\_\_\_\_

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

*Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No  
☐ Yes

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....** →

**\$3,000.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

*Examples:* Major appliances, furniture, linens, china, kitchenware

- ☐ No  
☒ Yes. Describe.....

**Refrigerator, stove, microwave, dishwasher, washer and dryer, kitchen table and chairs, living room suite, freezer, bedroom suite, and misc. lawncare items.**

**\$2,000.00**

**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No  
☒ Yes. Describe.....

**2 TV sets and mobile phone**

**\$200.00**

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☒ No  
☐ Yes. Describe.....

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☒ No  
☐ Yes. Describe.....

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

- ☐ No  
☒ Yes. Describe.....

**1) Mossberg 500A 12 gauge shotgun (\$75),  
 2) Savage 110-E 243 caliber rifle (\$100),  
 3) Savage 110-E 30 - 06 caliber rifle (\$100),  
 4) Marlin Model 60 SS 22 caliiber rifle (\$120),  
 5) Smith and Wesson 686 model revolver (\$200),  
 6) Norco 9 mm pistol (\$100),  
 7) Charter Arms 38 caliber revolver (\$150),  
 8) Stevens Mod 311 double barrell shotgun (\$100),  
 9) Mossberg 30-30 Winchester rifle (\$100),  
 10) Mossberg New Haen pump shotgum (\$120),  
 11) Remington 1100 12 gauge shotgun (\$200),  
 12) 2 Jennings 22 semi-pistol (\$150)**

**\$1,415.00**

Debtor 1 **Douglas Kay Hicks**  
 Debtor 2 **Brenda Hudson Hicks** Case number (if known) \_\_\_\_\_

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe..... **worn clothes** **\$200.00**

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe..... **misc. costume jewelry items, wedding bands, watches, and enagement ring** **\$300.00**

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe..... \_\_\_\_\_

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Give specific information..... \_\_\_\_\_

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....**

**\$4,115.00**

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No

☐ Yes..... Cash: \_\_\_\_\_

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes..... Institution name:

17.1. Checking account: **Founders FCU Checking account** **\$0.00**

17.2. Savings account: **Founders FCU Savings account** **\$25.00**

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes..... Institution or issuer name:

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

- ☒ No  
☐ Yes. Give specific information about them..... Name of entity: \_\_\_\_\_ % of ownership: \_\_\_\_\_

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- ☒ No  
☐ Yes. Give specific information about them..... Issuer name: \_\_\_\_\_

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☒ No  
☐ Yes. List each account separately. Type of account: \_\_\_\_\_ Institution name: \_\_\_\_\_

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company  
*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No  
☐ Yes..... Institution name or individual: \_\_\_\_\_

**23. Annuities** (A contract for a specific periodic payment of money to you, either for life or for a number of years)

- ☒ No  
☐ Yes..... Issuer name and description: \_\_\_\_\_

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No  
☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- ☒ No  
☐ Yes. Give specific information about them

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No  
☐ Yes. Give specific information about them

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No  
☐ Yes. Give specific information about them

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

- ☒ No  
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: \_\_\_\_\_  
State: \_\_\_\_\_  
Local: \_\_\_\_\_

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No  
☐ Yes. Give specific information

Alimony: \_\_\_\_\_  
Maintenance: \_\_\_\_\_  
Support: \_\_\_\_\_  
Divorce settlement: \_\_\_\_\_  
Property settlement: \_\_\_\_\_

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No  
☐ Yes. Give specific information

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☐ No  
☒ Yes. Name the insurance company of each policy and list its value.....

Company name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_ Surrender or refund value: \_\_\_\_\_

**Husband has a \$14,000 whole life insurance policy. No cash surrender value since policy was obtained in 2016.**

wife \$0.00

**Wife has a \$8,000 whole life insurance policy. No cash surrender value since policy was obtained in 2016.**

husband \$0.00

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

- ☒ No  
☐ Yes. Give specific information

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No  
☐ Yes. Describe each claim.....

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim.....

\_\_\_\_\_

**35. Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information

\_\_\_\_\_

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**



**\$25.00**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

☐ No. Go to Part 6.

☒ Yes. Go to line 38.

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

**38. Accounts receivable or commissions you already earned**

☒ No

☐ Yes. Describe..

\_\_\_\_\_

**39. Office equipment, furnishings, and supplies**

*Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices*

☒ No

☐ Yes. Describe..

\_\_\_\_\_

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

☐ No

☒ Yes. Describe..

**misc. hand tools and power tools used for cabinetry and misc. wood works.**

**\$500.00**

**41. Inventory**

☒ No

☐ Yes. Describe..

\_\_\_\_\_

**42. Interests in partnerships or joint ventures**

☒ No

☐ Yes. Describe..... Name of entity:

% of ownership:

**43. Customer lists, mailing lists, or other compilations**

☒ No

☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?

☐ No

☐ Yes. Describe....

\_\_\_\_\_



Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**44. Any business-related property you did not already list**

- ☒ No  
☐ Yes. Give specific information.

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....**



**\$500.00**

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

**47. Farm animals**

Examples: Livestock, poultry, farm-raised fish

- ☒ No  
☐ Yes....

**48. Crops--either growing or harvested**

- ☒ No  
☐ Yes. Give specific  
information.....

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

- ☒ No  
☐ Yes....

**50. Farm and fishing supplies, chemicals, and feed**

- ☒ No  
☐ Yes....

**51. Any farm- and commercial fishing-related property you did not already list**

- ☒ No  
☐ Yes. Give specific  
information.....

**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.....**



**\$0.00**

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No  
☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here..... → **\$0.00**

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2..... → **\$71,400.00**

56. Part 2: Total vehicles, line 5 **\$3,000.00**

57. Part 3: Total personal and household items, line 15 **\$4,115.00**

58. Part 4: Total financial assets, line 36 **\$25.00**

59. Part 5: Total business-related property, line 45 **\$500.00**

60. Part 6: Total farm- and fishing-related property, line 52 **\$0.00**

61. Part 7: Total other property not listed, line 54 **+\$0.00**

62. Total personal property. Add lines 56 through 61..... **\$7,640.00** Copy personal property total → **+\$7,640.00**

63. Total of all property on Schedule A/B. Add line 55 + line 62..... **\$79,040.00**

**Fill in this information to identify your case:**

Debtor 1	<b>Douglas</b>	<b>Kay</b>	<b>Hicks</b>
	First Name	Middle Name	Last Name
Debtor 2	<b>Brenda</b>	<b>Hudson</b>	<b>Hicks</b>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>WESTERN DIST. OF NORTH CAROLINA</b>			
Case number (if known)	_____		

☐ Check if this is an amended filing

**Official Form 106C**

**Schedule C: The Property You Claim as Exempt**

**04/19**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption	
Brief description: <b>Rental Property - 4127 Crowburk Rd 1973 Carolina DWMH and 0.75 acre parcel adjacent lot known as 4127 Crowburk Road, Pageland, SC 29728. FMV is based on county tax value. Parcel: 01000000155</b>	<u>\$4,000.00</u>	<input checked="" type="checkbox"/> \$4,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(7)</b>
Line from <i>Schedule A/B</i> : <u>1.2</u>			

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No  
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
☐ No  
☐ Yes

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption
Brief description: <b>Debtors' residence</b> <b>House and 2.906 acre parcel known as 173 Louie Hicks Lane, Pageland, SC 29728. FMV is based on county tax value. Parcel: 010000000037</b> Line from Schedule A/B: <u>1.3</u>	<u>\$58,600.00</u>	<input checked="" type="checkbox"/> <u>\$9,545.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(1)</b>
Brief description: <b>undeveloped adjacent lot to Rental Property</b> <b>0.168 acre parcel adjacent to rental property known as 4127 Crowburk Road, Pageland, SC 29728. FMV is based on county tax value. Undeveloped and too small to develop or improve lot.</b> Line from Schedule A/B: <u>1.4</u>	<u>\$800.00</u>	<input checked="" type="checkbox"/> <u>\$800.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(7)</b>
Brief description: <b>Refrigerator, stove, microwave, dishwasher, washer and dryer, kitchen table and chairs, living room suite, freezer, bedroom suite, and misc. lawncare items.</b> Line from Schedule A/B: <u>6</u>	<u>\$2,000.00</u>	<input checked="" type="checkbox"/> <u>\$2,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(3)</b>
Brief description: <b>2 TV sets and mobile phone</b> Line from Schedule A/B: <u>7</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(3)</b>
Brief description: <b>1) Mossberg 500A 12 gauge shotgun (\$75),</b> <b>2) Savage 110-E 243 caliber rifle (\$100),</b> <b>3) Savage 110-E 30 - 06 caliber rifle (\$100),</b> <b>4) Marlin Model 60 SS 22 caliber rifle (\$120),</b> <b>5) Smith and Wesson 686 model revolver (\$200),</b> <b>6) Norco 9 mm pistol (\$100),</b> <b>7) Charter Arms 38 caliber revolver (\$150),</b> <b>8) Stevens Mod 311 double barrell shotgun (\$100),</b> <b>9) Mossberg 30-30 Winchester rifle (\$100),</b> <b>10) Mossberg New Haen pump shotgun (\$120),</b> <b>11) Remington 1100 12 gauge shotgun (\$200),</b> <b>12) 2 Jennings 22 semi-pistol (\$150)</b> <b>(1st exemption claimed for this asset)</b> Line from Schedule A/B: <u>10</u>	<u>\$1,415.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(3)</b>

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption
Brief description: <b>1) Mossberg 500A 12 gauge shotgun (\$75),</b> <b>2) Savage 110-E 243 caliber rifle (\$100),</b> <b>3) Savage 110-E 30 - 06 caliber rifle (\$100),</b> <b>4) Marlin Model 60 SS 22 caliber rifle (\$120),</b> <b>5) Smith and Wesson 686 model revolver (\$200),</b> <b>6) Norco 9 mm pistol (\$100),</b> <b>7) Charter Arms 38 caliber revolver (\$150),</b> <b>8) Stevens Mod 311 double barrell shotgun (\$100),</b> <b>9) Mossberg 30-30 Winchester rifle (\$100),</b> <b>10) Mossberg New Haen pump shotgun (\$120),</b> <b>11) Remington 1100 12 gauge shotgun (\$200),</b> <b>12) 2 Jennings 22 semi-pistol (\$150)</b> <b>(2nd exemption claimed for this asset)</b> Line from Schedule A/B: <u>10</u>	<u>\$1,415.00</u>	<input checked="" type="checkbox"/> <u>\$1,215.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(7)</b>
Brief description: <b>worn clothes</b> Line from Schedule A/B: <u>11</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(3)</b>
Brief description: <b>misc. costume jewelry items, wedding bands, watches, and enagement ring</b> Line from Schedule A/B: <u>12</u>	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(4)</b>
Brief description: <b>Founders FCU Checking account</b> Line from Schedule A/B: <u>17.1</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>42 U.S.C. § 407</b>
Brief description: <b>Founders FCU Savings account</b> Line from Schedule A/B: <u>17.2</u>	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(5)</b>
Brief description: <b>misc. hand tools and power tools used for cabinetry and misc. wood works.</b> Line from Schedule A/B: <u>40</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(7)</b>

**Fill in this information to identify your case:**

Debtor 1 **Douglas Kay Hicks**  
First Name Middle Name Last Name

Debtor 2 **Brenda Hudson Hicks**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DIST. OF NORTH CAROLINA**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
<b>\$16,563.00</b>	<b>\$3,000.00</b>	<b>\$13,563.00</b>

**2.1**

**American Credit Acceptance**  
Creditor's name  
**961 E Main St 2nd Fl**  
Number Street

**Describe the property that  
secures the claim:**  
**2014 Kia Soul**

**Spartanburg SC 29302**  
City State ZIP Code

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Who owes the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

**Nature of lien.** Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☒ Other (including a right to offset)

☐ Check if this claim relates to a community debt

**Purchase Money**

Date debt was incurred \_\_\_\_\_ Last 4 digits of account number **1 0 0 1**

surrender

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$16,563.00**

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

Part 1:	Additional Page After listing any entries on this page, number them sequentially from the previous page.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral	Value of collateral that supports this claim	Unsecured portion If any

2.2	Describe the property that secures the claim: <b>DiTech Financial, LLC</b> Creditor's name <b>PO Box 6154</b> Number Street	<b>\$84,000.00</b>	<b>\$8,000.00</b>	<b>\$76,000.00</b>
<b>Rapid City SD 57709-6154</b> City State ZIP Code				
<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>Mortgage</b>				
Date debt was incurred _____		Last 4 digits of account number <u>9</u> <u>2</u> <u>4</u> <u>1</u>		

**Surrender**

2.3	Describe the property that secures the claim: <b>SC Dept. of Revenue</b> Creditor's name <b>PO Box 12265</b> Number Street	<b>\$1,055.00</b>	<b>\$67,540.00</b>	
<b>Columbia SC 29211</b> City State ZIP Code				
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>2011 Taxes</b>				
Date debt was incurred _____		Last 4 digits of account number _____		
<b>State tax lien filed on 9/8/2015 in the Chesterfield County Recorder of Deeds and recorded as BK: 2015, Pg: 605. (As Valued Claim)</b>				

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$85,055.00**

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

Part 1:	<b>Additional Page</b> After listing any entries on this page, number them sequentially from the previous page.	Column A <b>Amount of claim</b> Do not deduct the value of collateral	Column B <b>Value of collateral that supports this claim</b>	Column C <b>Unsecured portion</b> If any
---------	--	---	---	--

2.4	Describe the property that secures the claim:	<b>\$48,000.00</b>	<b>\$58,600.00</b>	
-----	---	--------------------	--------------------	--

**Well's Fargo Home Mortgage**  
Creditor's name  
**PO Box 10335**  
Number Street

Debtors' residence

**Des Moines IA 50306**  
City State ZIP Code

**Who owes the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☒ Other (including a right to offset)

**Mortgage**

Date debt was incurred \_\_\_\_\_ Last 4 digits of account number 2 5 3 7

The arrears through August 2019 is \$6,000.00 and will be paid in full without interest through the Chapter 13 plan. Post-petition mortgage payments will be paid by the Trustee (conduit).

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$48,000.00**

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

**\$149,618.00**



**Fill in this information to identify your case:**

Debtor 1 **Douglas Kay Hicks**  
First Name Middle Name Last Name

Debtor 2 **Brenda Hudson Hicks**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DIST. OF NORTH CAROLINA**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.  
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	\$3,200.00	\$3,200.00	\$0.00

**Internal Revenue**  
Priority Creditor's Name  
**Centralized Insolvency**  
Number Street  
**PO Box 7346**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Philadelphia PA 19101-7346**  
City State ZIP Code

Who incurred the debt? Check one.  
☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:  
☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?  
☒ No  
☐ Yes

Tolled tax liability for 2013

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.**

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

**Total claim**

**\$3,250.00**

4.1

**Advanced Cardiology Cons.**

Nonpriority Creditor's Name

**1706 Second Loop Road**

Number Street

**Florence**

**SC**

**29501**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** \_ \_ \_ \_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

4.2

**American TransMed, Inc.**

Nonpriority Creditor's Name

**PO Box 2101**

Number Street

**Gaffney**

**SC**

**29342**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** \_ \_ \_ \_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**\$220.00**

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**\$190.00**

4.3

**AmeriGas Propane, LP**

Nonpriority Creditor's Name

**c/o ARM Solutions**

Number Street

**PO Box 3666**

**Camarillo**

**CA**

**93011**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Services**

**\$754.00**

4.4

**AT&T Mobility**

Nonpriority Creditor's Name

**One AT&T Way, Ste 3A-104**

Number Street

**Bedminster**

**NJ**

**07921**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Telephone Services**

4.5

**Carolina Bone & Joint**

Nonpriority Creditor's Name

**P. O. Box 5002**

Number Street

**Monroe**

**NC**

**28111**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

4.5

**\$15.00**

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**\$978.00**

4.6

**Carolina Neurosurgery & Spine**

Nonpriority Creditor's Name

**225 Baldwin Ave.**

Number Street

**Charlotte**

**NC**

**28204**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.7

**Carolina Radiology Associates**

Nonpriority Creditor's Name

**PO Box 678904**

Number Street

**Dallas**

**TX**

**75267**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.8

**Carolinas Emergency Group**

Nonpriority Creditor's Name

**PO Box 277221**

Number Street

**Atlanta**

**GA**

**30384-7221**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

Last 4 digits of account number \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

Last 4 digits of account number \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

**\$1,100.00**

4.9

**Carolinas Pathology Group**

Nonpriority Creditor's Name

**PO Box 30637**

Number Street

**Charlotte NC 28230-0637**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.10

**CDHA**

Nonpriority Creditor's Name

**PO Box 745120**

Number Street

**Atlanta GA 30374**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**\$50.00**

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

**\$65,000.00**

4.11

**Char Meck Hospital Auth.**

Nonpriority Creditor's Name

**attn: Bankruptcy Accounts**

Number Street

**P.O. Box 71108**

**Charlotte NC 28272-1108**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

collecting for CMC-Mercy, Levine Cancer Institute Monroe, Sanger Clinic, CMG - Union Surgical Assoc, CMG - Union Primary Care, Carolinas Imaging Svcs, Union West MRI, CMC Faculty Physicians, Carolina Hospitalist Group, and Carolinas Pathology

4.12

**Charlotte EENT**

Nonpriority Creditor's Name

**6035 Fairview Rd**

Number Street

**Charlotte NC 28210**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

**\$1,500.00**

4.13

**Charlotte Radiology**

Nonpriority Creditor's Name

**P. O. Box 30488**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**Charlotte NC 28230-0488**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.14

**Dr. Thmas Friedrich**

Nonpriority Creditor's Name

**PO Box 79022**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Material Purchases**

**Charlotte NC 28271**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.15

**DRS Kelley & McDowell PA**

Nonpriority Creditor's Name

**c/o Summit AR**

Number Street

**PO Box 131**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**Champlin MN 55316**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$195.00**

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**\$2,100.00**

4.16

**First Health of the Carolinas**

Nonpriority Creditor's Name

**PO Box 3000**

Number Street

**Pinehurst**

**NC**

**28374**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

4.17

**Florence Radiological Assoc.**

Nonpriority Creditor's Name

**PO Box 51330**

Number Street

**Myrtle Beach**

**SC**

**29579**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

4.18

**Healthy at Home**

Nonpriority Creditor's Name

**4701 Hedgemore Dr**

Number Street

**Charlotte**

**NC**

**28209**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**\$149.00**



Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.19

**\$123.48**

**Heritage Propane**

Nonpriority Creditor's Name

**PO Box 242**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Utilities**

**Marshville**

**NC**

**28103-0242**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.20

**\$24.00**

**Humana Pharmacy**

Nonpriority Creditor's Name

**PO Box 745099**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**Cincinnati**

**OH**

**45274**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.21

**\$2,910.00**

**Internal Revenue**

Nonpriority Creditor's Name

**Centralized Insolvency**

Number Street

**PO Box 7346**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**2011 income tax liability**

**Philadelphia**

**PA**

**19101-7346**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.22

**\$720.00**

**Lincoln County EMS**

Nonpriority Creditor's Name

**PO Box 863**

Number Street

**Lewisville**

**NC**

**27023**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

4.23

**\$3,100.00**

**McLeod Health**

Nonpriority Creditor's Name

**PO Box 601743**

Number Street

**Charlotte**

**NC**

**28260**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

also collecting for McLeod Cheraw Emergency

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.24

**\$59.00**

**Mecklenburg Radiology Assoc**

Nonpriority Creditor's Name

**P. O. Box 221249**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Charlotte NC 28222-1249**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

4.25

**\$3,310.00**

**Medical Revenue Services**

Nonpriority Creditor's Name

**PO Box 1940**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Melbourne FL 32902-1940**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical collections**

collecting for Total Spine, Heart and Vascular Institute, CMC Charlotte IP, Novant Health Presbyterian, and Midtown Outpatient Surgery

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**\$210.00**

4.26

**Medshore Ambulance Svc**

Nonpriority Creditor's Name

**5251 S East St Ste 5**

Number Street

**Indianapolis**

**IN**

**46227**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

4.27

**Mid-Atlantic Emergency Medical**

Nonpriority Creditor's Name

**PO Box 601504**

Number Street

**Charlotte**

**NC**

**28260**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

4.28

**Mid-Carolina Cardiology**

Nonpriority Creditor's Name

**1718 East 4th St., Suite 501**

Number Street

**Charlotte**

**NC**

**28204**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**\$133.00**

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

**\$4,744.00**

4.29

**NCB Mgmt Svcs**

Nonpriority Creditor's Name

**One Allied Drive**

Number Street

**Feasterville Trevose PA 19053**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

deficiency balance on 2007 Ford Focus which was surrendered in 2013. Assignee of CitiFinancial Auto/Santander Consumer USA

4.30

**NEB Doctors of NC**

Nonpriority Creditor's Name

**PO Box 922189**

Number Street

**Norcross GA 30010**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Assignee of CitiFinancial Auto**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**\$6,000.00**

4.31

**Novant Health**

Nonpriority Creditor's Name

**RCS Whitehall**

Number Street

**PO Box 30143**

**Charlotte**

**NC**

**28230**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

also collecting for Medquest Imagning, NH Presby Matthews, NH Heart & Vascular Institute, Pulmonary Medicine,

4.32

**OrthoCarolina, PA**

Nonpriority Creditor's Name

**4601 Park Road, Ste 300**

Number Street

**Charlotte**

**NC**

**28209**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

Last 4 digits of account number \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**\$70.00**

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**\$1,415.00**

4.33

**Pee Dee Medical Collections**

Nonpriority Creditor's Name

**PO Box 1597**

Number Street

**Florence**

**SC**

**29503**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.34

**Regional Acceptance Corp**

Nonpriority Creditor's Name

**c/o BB&T /100-50-01-51**

Number Street

**PO Box 1847**

**Wilson**

**NC**

**27894-1847**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Repossession of Ford Focus. Debtors disputes liability due to SC SOL affirmative defense. Last payment was made on 3/2011.**

**Last 4 digits of account number** \_ \_ \_ \_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**Last 4 digits of account number** \_ \_ \_ \_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Stale Debt / Disputed Liability**

**\$0.00**

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**\$16.00**

4.35

**Rotech Healthcare**

Nonpriority Creditor's Name

**3600 Vineland Rd, Ste 114**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Orlando FL 32811**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

4.36

**Sandhill Telephone Co**

Nonpriority Creditor's Name

**PO Box 519**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Jefferson SC 29718**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Services**

**\$1,070.00**

4.37

**St. Lukes Hospital**

Nonpriority Creditor's Name

**c/o Paragon Revenue Group**

Number Street

**PO Box 427**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Concord NC 28026**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**\$1,440.00**



Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**\$2,270.00**

4.38

**Surgical Monitoring Svcs**

Nonpriority Creditor's Name

**c/o Alacrity Collections**

Number Street

**PO Box 586**

**Riva**

**MD 21140**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** \_ \_ \_ \_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

4.39

**Union EMS**

Nonpriority Creditor's Name

**PO Box 863**

Number Street

**Lewisville**

**NC 27023**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** \_ \_ \_ \_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**\$100.00**

4.40

**Urology Specialists**

Nonpriority Creditor's Name

**PO Box 36488**

Number Street

**Charlotte**

**NC 28236-6488**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** \_ \_ \_ \_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**\$226.00**

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Chesterfield Tax Collector**

Name

**PO Box 750**

Number Street

**Chesterfield Courthouse**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

**Taxes**

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Chesterfield**

**SC**

**29709**

City

State

ZIP Code

**Internal Revenue Service**

Name

**Centralized Insolvency**

Number Street

**PO Box 7346**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

**Required Notification**

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Philadelphia**

**PA**

**19101**

City

State

ZIP Code

**NC Dept. of Revenue**

Name

**Bankruptcy Unit**

Number Street

**PO Box 1168**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

**Required Notification**

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Raleigh**

**NC**

**27602-1168**

City

State

ZIP Code

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$3,200.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$3,200.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$104,545.48</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$104,545.48</u>

**Fill in this information to identify your case:**

Debtor 1	<b>Douglas</b>	<b>Kay</b>	<b>Hicks</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Brenda</b>	<b>Hudson</b>	<b>Hicks</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>WESTERN DIST. OF NORTH CAROLINA</b>			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

**Fill in this information to identify your case:**

Debtor 1	<b>Douglas</b> First Name	<b>Kay</b> Middle Name	<b>Hicks</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Brenda</b> First Name	<b>Hudson</b> Middle Name	<b>Hicks</b> Last Name
United States Bankruptcy Court for the: <b>WESTERN DIST. OF NORTH CAROLINA</b>			
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106H

**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)  
☒ No  
☐ Yes
2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)  
☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
☐ No  
☐ Yes
3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

Column 1: **Your codebtor**

Column 2: **The creditor to whom you owe the debt**

Check all schedules that apply:

**Fill in this information to identify your case:**

Debtor 1	<b>Douglas</b>	<b>Kay</b>	<b>Hicks</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Brenda</b>	<b>Hudson</b>	<b>Hicks</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>WESTERN DIST. OF NORTH CAROLINA</b>		
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment**

**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status**

**Debtor 1**

- ☐ Employed
- ☒ Not employed

**Occupation**

**retired**

**Employer's name**

**Employer's address**

Number Street

City

State Zip Code

**Debtor 2 or non-filing spouse**

- ☐ Employed
- ☒ Not employed

**retired**

Number Street

City

State Zip Code

How long employed there?

**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>2. List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. <b>\$0.00</b>	<b>\$0.00</b>
<b>3. Estimate and list monthly overtime pay.</b>	3. + <b>\$0.00</b>	<b>\$0.00</b>
<b>4. Calculate gross income.</b> Add line 2 + line 3.	4. <b>\$0.00</b>	<b>\$0.00</b>

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ..... → 4.	<u>\$0.00</u>	<u>\$0.00</u>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. <u>\$0.00</u>	<u>\$0.00</u>
5b. Mandatory contributions for retirement plans	5b. <u>\$0.00</u>	<u>\$0.00</u>
5c. Voluntary contributions for retirement plans	5c. <u>\$0.00</u>	<u>\$0.00</u>
5d. Required repayments of retirement fund loans	5d. <u>\$0.00</u>	<u>\$0.00</u>
5e. Insurance	5e. <u>\$0.00</u>	<u>\$0.00</u>
5f. Domestic support obligations	5f. <u>\$0.00</u>	<u>\$0.00</u>
5g. Union dues	5g. <u>\$0.00</u>	<u>\$0.00</u>
5h. Other deductions. Specify: _____	5h. + <u>\$0.00</u>	<u>\$0.00</u>
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. <u>\$0.00</u>	<u>\$0.00</u>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. <u>\$0.00</u>	<u>\$0.00</u>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. <u>\$0.00</u>	<u>\$0.00</u>
8b. Interest and dividends	8b. <u>\$0.00</u>	<u>\$0.00</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. <u>\$0.00</u>	<u>\$0.00</u>
8d. Unemployment compensation	8d. <u>\$0.00</u>	<u>\$0.00</u>
8e. Social Security	8e. <u>\$2,126.00</u>	<u>\$798.00</u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. <u>\$0.00</u>	<u>\$0.00</u>
8g. Pension or retirement income	8g. <u>\$0.00</u>	<u>\$0.00</u>
8h. Other monthly income. Specify: _____	8h. + <u>\$0.00</u>	<u>\$0.00</u>
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <u>\$2,126.00</u>	<u>\$798.00</u>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. <u>\$2,126.00</u>	<u>\$798.00</u>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + <u>\$0.00</u>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	12. <u>\$2,924.00</u>	<b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b> <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: <b>Debtors are suppose to receive \$250 per month in rental income but have not received any in the past 6 months.</b>		

**Fill in this information to identify your case:**

Debtor 1	<b>Douglas</b>	<b>Kay</b>	<b>Hicks</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Brenda</b>	<b>Hudson</b>	<b>Hicks</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>WESTERN DIST. OF NORTH CAROLINA</b>			
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

**Official Form 106J**

**Schedule J: Your Expenses**

**12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

**1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No

☒ Yes. Fill out this information for each dependent.....

<b>Dependent's relationship to Debtor 1 or Debtor 2</b>	<b>Dependent's age</b>	<b>Does dependent live with you?</b>
<u>great grandson</u>	<u>3</u>	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes

**3. Do your expenses include expenses of people other than yourself and your dependents?**

- ☒ No
- ☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

**Your expenses**

**4. The rental or home ownership expenses for your residence.**  
Include first mortgage payments and any rent for the ground or lot.

4. \$0.00

**If not included in line 4:**

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$0.00

4b. \$0.00

4c. \$50.00

4d. \$0.00



Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Your expenses**

<b>5. Additional mortgage payments for your residence</b> , such as home equity loans	5.	<u>\$0.00</u>
<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a.	<u>\$300.00</u>
6b. Water, sewer, garbage collection	6b.	<u>\$80.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$115.00</u>
6d. Other. Specify: <u>mobile phone service</u>	6d.	<u>\$90.00</u>
<b>7. Food and housekeeping supplies</b>	7.	<u>\$500.00</u>
<b>8. Childcare and children's education costs</b>	8.	_____
<b>9. Clothing, laundry, and dry cleaning</b>	9.	<u>\$20.00</u>
<b>10. Personal care products and services</b>	10.	<u>\$20.00</u>
<b>11. Medical and dental expenses</b>	11.	<u>\$450.00</u>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$100.00</u>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13.	<u>\$0.00</u>
<b>14. Charitable contributions and religious donations</b>	14.	_____
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	<u>\$82.00</u>
15b. Health insurance	15b.	<u>\$0.00</u>
15c. Vehicle insurance	15c.	<u>\$80.00</u>
15d. Other insurance. Specify: _____	15d.	_____
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	<u>\$15.00</u>
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a.	_____
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: _____	17c.	_____
17d. Other. Specify: _____	17d.	_____
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18.	_____
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____	19.	_____

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

21. Other. Specify: \_\_\_\_\_ 21. **+** \_\_\_\_\_

**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.	22a. <b>\$1,902.00</b>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. <b>\$1,902.00</b>

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. <b>\$2,924.00</b>
23b. Copy your monthly expenses from line 22c above.	23b. <b>-\$1,902.00</b>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. <b>\$1,022.00</b>

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

**None.**

**Fill in this information to identify your case:**

Debtor 1	<b>Douglas</b>	<b>Kay</b>	<b>Hicks</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Brenda</b>	<b>Hudson</b>	<b>Hicks</b>
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: **WESTERN DIST. OF NORTH CAROLINA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 106Sum

**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

**Part 1: Summarize Your Assets**

**Your assets**

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B.....	<b>\$71,400.00</b>
1b. Copy line 62, Total personal property, from Schedule A/B.....	<b>\$7,640.00</b>
1c. Copy line 63, Total of all property on Schedule A/B.....	<b>\$79,040.00</b>

**Part 2: Summarize Your Liabilities**

**Your liabilities**

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D....	<b>\$149,618.00</b>
--	---------------------

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	<b>\$3,200.00</b>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	<b>+</b>
	<b>\$104,545.48</b>

Your total liabilities

**\$257,363.48**

**Part 3: Summarize Your Income and Expenses**

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I.....	<b>\$2,924.00</b>
---	-------------------

5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....	<b>\$1,902.00</b>
---	-------------------

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

**\$0.00**

**9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

**Total claim**

**From Part 4 on *Schedule E/F*, copy the following:**

9a. Domestic support obligations. (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$3,200.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	<b>+</b> <u>\$0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	<b><u>\$3,200.00</u></b>

**Fill in this information to identify your case:**

Debtor 1 **Douglas** **Kay** **Hicks**  
First Name Middle Name Last Name

Debtor 2 **Brenda** **Hudson** **Hicks**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DIST. OF NORTH CAROLINA**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petitioner's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X /s/ Douglas Kay Hicks** \_\_\_\_\_

Douglas Kay Hicks, Debtor 1

Date **08/19/2019**  
MM / DD / YYYY

**X /s/ Brenda Hudson Hicks** \_\_\_\_\_

Brenda Hudson Hicks, Debtor 2

Date **08/19/2019**  
MM / DD / YYYY

**Fill in this information to identify your case:**

Debtor 1	<b>Douglas</b>	<b>Kay</b>	<b>Hicks</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Brenda</b>	<b>Hudson</b>	<b>Hicks</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>WESTERN DIST. OF NORTH CAROLINA</b>			
Case number (if known)	_____		

☐ Check if this is an amended filing

**Official Form 107**

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

**04/19**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

**1. What is your current marital status?**

- ☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?**

(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 2: Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☒ No  
☐ Yes. Fill in the details.

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of the current year until the date you filed for bankruptcy:	social security	\$17,008.00	social security	\$6,384.00
For the last calendar year: (January 1 to December 31, <u>2018</u> ) YYYY	social security	\$25,512.00	social security	\$9,576.00
For the calendar year before that: (January 1 to December 31, <u>2017</u> ) YYYY	social security	\$25,512.00	social security	\$9,576.00

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

- ☐ No. Go to line 7.
- ☐ Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.
- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

- ☒ No
- ☐ Yes. List all payments to an insider.

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
- ☐ Yes. List all payments that benefited an insider.

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No
- ☐ Yes. Fill in the details.



Debtor 1 **Douglas Kay Hicks**  
 Debtor 2 **Brenda Hudson Hicks** Case number (if known) \_\_\_\_\_

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☐ No. Go to line 11.  
☒ Yes. Fill in the information below.

Creditor's Name	Describe the property	Date	Value of the property
<b>Chesterfield Tax Collector</b>	<b>1998 Fleetwood doublewide mobile home</b>	<b>3/2017</b>	<b>\$10,000.00</b>
<b>PO Box 750</b>			
Number Street			
<b>Chesterfield Courthouse</b>	<b>Explain what happened</b>		
	<input type="checkbox"/> Property was repossessed.		
	<input checked="" type="checkbox"/> Property was foreclosed.		
	<input type="checkbox"/> Property was garnished.		
	<input type="checkbox"/> Property was attached, seized, or levied.		
<b>Chesterfield</b> <b>SC</b> <b>29709</b>			
City State ZIP Code			

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No  
☐ Yes. Fill in the details.

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No  
☐ Yes

### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No  
☐ Yes. Fill in the details for each gift or contribution.

### Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No  
☐ Yes. Fill in the details.

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 7: List Certain Payments or Transfers**

- 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

- ☐ No  
☒ Yes. Fill in the details.

Description and value of any property transferred		Date payment or transfer was made	Amount of payment
<b>Crow Law Firm</b>			
Person Who Was Paid			
<b>315 B North Main Street</b>		<b>8/19/2019</b>	<b>\$200.00</b>
Number Street			

**Monroe** **NC** **28112**  
City State ZIP Code

Email or website address \_\_\_\_\_

Person Who Made the Payment, if Not You \_\_\_\_\_

- 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

- 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

- 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)**

- ☒ No  
☐ Yes. Fill in the details.

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No  
☐ Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No  
☐ Yes. Fill in the details.

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No  
☐ Yes. Fill in the details.

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No  
☐ Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No  
☐ Yes. Fill in the details.

### **Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☒ No. None of the above applies. Go to Part 12.  
☐ Yes. Check all that apply above and fill in the details below for each business.

**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

- ☐ No  
☐ Yes. Fill in the details below.

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X /s/ Douglas Kay Hicks** \_\_\_\_\_  
Douglas Kay Hicks, Debtor 1

**X /s/ Brenda Hudson Hicks** \_\_\_\_\_  
Brenda Hudson Hicks, Debtor 2

Date 08/19/2019

Date 08/19/2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No  
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No  
☐ Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

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### This notice is for you if:

- **You are an individual filing for bankruptcy,**  
and
- **Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liquidation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

**You should have an attorney review your decision to file for bankruptcy and the choice of chapter.**

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### Chapter 7: Liquidation

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	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form--sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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	\$1,167	filing fee
+	\$550	administrative fee
	<hr/>	
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

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### Chapter 12: Repayment plan for family farmers or fishermen

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	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

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### Chapter 13: Repayment plan for individuals with regular income

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	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.



### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

### **Bankruptcy crimes have serious consequences**

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together--called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html).

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF NORTH CAROLINA  
CHARLOTTE DIVISION**

In re **Douglas Kay Hicks  
Brenda Hudson Hicks**

Case No. \_\_\_\_\_

Chapter **13**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	<b>\$3,600.00</b>
Prior to the filing of this statement I have received.....	<b>\$200.00</b>
Balance Due.....	<b>\$3,400.00</b>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**08/19/2019**

*Date*

**/s/ Matthew H. Crow**

*Matthew H. Crow*

*Crow Law Firm*

*315 B North Main Street*

*Monroe, NC 28112*

*Phone: (704) 283-1175 / Fax: (704) 226-0488*

Bar No. 26117

**/s/ Douglas Kay Hicks**

***Douglas Kay Hicks***

**/s/ Brenda Hudson Hicks**

***Brenda Hudson Hicks***

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF NORTH CAROLINA  
CHARLOTTE DIVISION**

IN RE: **Douglas Kay Hicks  
Brenda Hudson Hicks**

CASE NO

CHAPTER 13

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 8/19/2019

Signature /s/ Douglas Kay Hicks  
*Douglas Kay Hicks*

Date 8/19/2019

Signature /s/ Brenda Hudson Hicks  
*Brenda Hudson Hicks*

/s/ Matthew H. Crow  
*Matthew H. Crow*  
26117  
Crow Law Firm  
315 B North Main Street  
Monroe, NC 28112  
(704) 283-1175

Advanced Cardiology Cons.  
1706 Second Loop Road  
Florence, SC 29501

CDHA  
PO Box 745120  
Atlanta, GA 30374

Healthy at Home  
4701 Hedgemore Dr  
Charlotte, NC 28209

American Credit Acceptance  
961 E Main St 2nd Fl  
Spartanburg, SC 29302

Char Meck Hospital Auth.  
attn: Bankruptcy Accounts  
P.O. Box 71108  
Charlotte, NC 28272-1108

Heritage Propane  
PO Box 242  
Marshville, NC 28103-0242

American TransMed, Inc.  
PO Box 2101  
Gaffney, SC 29342

Charlotte EENT  
6035 Fairview Rd  
Charlotte, NC 28210

Humana Pharmacy  
PO Box 745099  
Cincinnati, OH 45274

AmeriGas Propane, LP  
c/o ARM Solutions  
PO Box 3666  
Camarillo, CA 93011

Charlotte Radiology  
P. O. Box 30488  
Charlotte, NC 28230-0488

Internal Revenue  
Centralized Insolvency  
PO Box 7346  
Philadelphia, PA 19101-7346

AT&T Mobility  
One AT&T Way, Ste 3A-104  
Bedminster, NJ 07921

Chesterfield Tax Collector  
PO Box 750  
Chesterfield Courthouse  
Chesterfield, SC 29709

Internal Revenue Service  
Centralized Insolvency  
PO Box 7346  
Philadelphia, PA 19101

Carolina Bone & Joint  
P. O. Box 5002  
Monroe, NC 28111

DiTech Financial, LLC  
PO Box 6154  
Rapid City, SD 57709-6154

Lincoln County EMS  
PO Box 863  
Lewisville, NC 27023

Carolina Neurosurgery & Spine  
225 Baldwin Ave.  
Charlotte, NC 28204

Dr. Thmas Friedrich  
PO Box 79022  
Charlotte, NC 28271

McLeod Health  
PO Box 601743  
Charlotte, NC 28260

Carolina Radiology Associates  
PO Box 678904  
Dallas, TX 75267

DRS Kelley & McDowell PA  
c/o Summit AR  
PO Box 131  
Champlin, MN 55316

Mecklenburg Radiology Assoc  
P. O. Box 221249  
Charlotte, NC 28222-1249

Carolinas Emergency Group  
PO Box 277221  
Atlanta, GA 30384-7221

First Health of the Carolinas  
PO Box 3000  
Pinehurst, NC 28374

Medical Revenue Services  
PO Box 1940  
Melbourne, FL 32902-1940

Carolinas Pathology Group  
PO Box 30637  
Charlotte, NC 28230-0637

Florence Radiological Assoc.  
PO Box 51330  
Myrtle Beach, SC 29579

Medshore Ambulance Svc  
5251 S East St Ste 5  
Indianapolis, IN 46227

Mid-Atlantic Emergency Medical  
PO Box 601504  
Charlotte, NC 28260

Sandhill Telephone Co  
PO Box 519  
Jefferson, SC 29718

Mid-Carolina Cardiology  
1718 East 4th St., Suite 501  
Charlotte, NC 28204

SC Dept. of Revenue  
PO Box 12265  
Columbia, SC 29211

NC Dept. of Revenue  
Bankruptcy Unit  
PO Box 1168  
Raleigh, NC 27602-1168

St. Lukes Hospital  
c/o Paragon Revenue Group  
PO Box 427  
Concord, NC 28026

NCB Mgmt Svcs  
One Allied Drive  
Feasterville Trevose, PA 19053

Surgical Monitoring Svcs  
c/o Alacrity Collections  
PO Box 586  
Riva, MD 21140

NEB Doctors of NC  
PO Box 922189  
Norcross, GA 30010

Union EMS  
PO Box 863  
Lewisville, NC 27023

Novant Health  
RCS Whitehall  
PO Box 30143  
Charlotte, NC 28230

Urology Specialists  
PO Box 36488  
Charlotte, NC 28236-6488

OrthoCarolina, PA  
4601 Park Road, Ste 300  
Charlotte, NC 28209

Well's Fargo Home Mortgage  
PO Box 10335  
Des Moines, IA 50306

Pee Dee Medical Collections  
PO Box 1597  
Florence, SC 29503

Regional Acceptance Corp  
c/o BB&T /100-50-01-51  
PO Box 1847  
Wilson, NC 27894-1847

Rotech Healthcare  
3600 Vineland Rd, Ste 114  
Orlando, FL 32811

Fill in this information to identify your case:				Check as directed in lines 17 and 21:
Debtor 1	<b>Douglas</b> <small>First Name</small>	<b>Kay</b> <small>Middle Name</small>	<b>Hicks</b> <small>Last Name</small>	According to the calculations required by this Statement:  <input checked="" type="checkbox"/> 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).  <input type="checkbox"/> 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).  <input checked="" type="checkbox"/> 3. The commitment period is 3 years.  <input type="checkbox"/> 4. The commitment period is 5 years.
Debtor 2 (Spouse, if filing)	<b>Brenda</b> <small>First Name</small>	<b>Hudson</b> <small>Middle Name</small>	<b>Hicks</b> <small>Last Name</small>	
United States Bankruptcy Court for the: <b>WESTERN DIST. OF NORTH CAROLINA</b>				
Case number (if known)				<input type="checkbox"/> Check if this is an amended filing

Official Form 122C-1

## Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

### Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☒ **Married.** Fill out both Columns A and B, lines 2-11.

**Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.** 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. <b>Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).	\$0.00	\$0.00
3. <b>Alimony and maintenance payments.</b> Do not include payments from a spouse.	\$0.00	\$0.00
4. <b>All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$0.00	\$0.00
5. <b>Net income from operating a business, profession, or farm</b>		
Gross receipts (before all deductions)	\$0.00	\$0.00
Ordinary and necessary operating expenses —	\$0.00	\$0.00
Net monthly income from a business, profession, or farm	\$0.00	\$0.00
Copy here →	\$0.00	\$0.00

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

Column A  
Debtor 1

Column B  
Debtor 2 or  
non-filing spouse

**6. Net income from rental and other real property**

	Debtor 1	Debtor 2		
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>		
Ordinary and necessary operating expenses	<u>— \$0.00</u>	<u>— \$0.00</u>		
Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>	Copy here →	<u>\$0.00</u> <u>\$0.00</u>

**7. Interest, dividends, and royalties**

\$0.00 \$0.00

**8. Unemployment compensation**

\$0.00 \$0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: .....↓

For you..... \$0.00

For your spouse..... \$0.00

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.

\$0.00 \$0.00

**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

+ \$0.00 + \$0.00 = \$0.00  
Total average monthly income

**11. Calculate your total average monthly income.**

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

**Part 2: Determine How to Measure Your Deductions from Income**

**12. Copy your total average monthly income from line 11.** ..... \$0.00

**13. Calculate the marital adjustment.** Check one:

- ☐ You are not married. Fill in 0 below.  
☒ You are married and your spouse is filing with you. Fill in 0 below.  
☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

\_\_\_\_\_ + \_\_\_\_\_  
Total..... \$0.00 Copy here → \$0.00

**14. Your current monthly income.** Subtract the total in line 13 from line 12.

\$0.00



Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks**

Case number (if known) \_\_\_\_\_

**15. Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here → ..... **\$0.00**  
Multiply line 15a by 12 (the number of months in a year). **X 12**  
15b. The result is your current monthly income for the year for this part of the form. .... **\$0.00**

**16. Calculate the median family income that applies to you.** Follow these steps:

16a. Fill in the state in which you live. **South Carolina**  
16b. Fill in the number of people in your household. **3**  
16c. Fill in the median family income for your state and size of household..... **\$64,106.00**  
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**

- 17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2).  
17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**

**18. Copy your total average monthly income from line 11.** ..... **\$0.00**

**19. Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. .... **\$0.00**  
19b. **Subtract line 19a from line 18.** ..... **\$0.00**

**20. Calculate your current monthly income for the year.** Follow these steps:

20a. Copy line 19b ..... **\$0.00**  
Multiply by 12 (the number of months in a year). **X 12**  
20b. The result is your current monthly income for the year for this part of the form. .... **\$0.00**  
20c. Copy the median family income for your state and size of household from line 16c. .... **\$64,106.00**

**21. How do the lines compare?**

- ☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.  
☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Debtor 1 **Douglas Kay Hicks**  
Debtor 2 **Brenda Hudson Hicks** Case number (if known) \_\_\_\_\_

**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X /s/ Douglas Kay Hicks**  
Douglas Kay Hicks, Debtor 1

**X /s/ Brenda Hudson Hicks**  
Brenda Hudson Hicks, Debtor 2

Date **8/19/2019**  
MM / DD / YYYY

Date **8/19/2019**  
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

**Debtors Douglas and Brenda Hicks**

**DISCLOSURE TO DEBTOR OF ATTORNEY'S FEES PROCEDURE  
FOR CHAPTER 13 CASES IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF NORTH CAROLINA**

After consultation with the undersigned attorney, you have decided to file a petition for relief under Chapter 13 of the United States Bankruptcy Code. Accordingly, you are hereby given notice that pursuant to the Local Rules of the Bankruptcy Court, the base fee for a Chapter 13 case is established at \$ 3,600.00. Payment of all or part of this fee may be included in your payments to the Chapter 13 Trustee. The attorney's services included in the base fee are those normally contemplated in a Chapter 13 case. They are as follows:

- |   |  |
|---|--|
| (a) Providing the pre-filing notices required by the Bankruptcy Abuse Prevention and Consumer Protection Act of 2005;   | (g) Reviewing the Motion of Trustee for Determination of Status of Claims in confirmed plan;   |
| (b) Preparation and filing of your petition, schedules, supplemental local forms, Chapter 13 Plan, and mailing matrix;  | (h) Maintaining custody and control of all case files with original documents for such periods as prescribed by law or Local Rule;   |
| (c) Circulating a copy of the Chapter 13 plan to all creditors and interested parties as reflected in the case matrix and service of amended plan if appropriate; | (i) Serving orders on all affected parties; Verifying your identity and social security number and furnishing to the Chapter 13 Trustee your IDs, tax returns, and payment advices, if required; |
| (d) Drafting and mailing letters to you regarding your attendance at the § 341 meeting of creditors, escrow of first money, and your other responsibilities;      | (j) Defending objections to confirmation of your Chapter 13 Plan filed by the Chapter 13 Trustee; and  |
| (e) Preparing for and attending the § 341 meeting of creditors;   | (k) Preparing and filing Local Form 8 or Local Form 8HD.   |
| (f) Reviewing the confirmation order and periodic case status reports from the Chapter 13 Trustee;  |  |

The base fee shall also include the following services to the extent they are requested or reasonably necessary for your effective representation:

- |   |  |
|---|--|
| (a) Preparing and filing proofs of claim on your behalf for your creditors;   | defaults, lease defaults, insurance coverage or the lack thereof, warranties, possible credit disability, life insurance coverage, and the like;   |
| (b) Drafting and filing objections to scheduled and unscheduled proofs of claim;  | (l) Obtaining and providing the Chapter 13 Trustee with copies of documents relating to lien perfection issues, such as recorded deeds of trust, purchase money security agreements, and the like; |
| (c) Assuming and rejecting unexpired leases and executory contracts;  | (m) Drafting and mailing letters to creditors upon entry of discharge regarding lien releases, turnover of clear title certificates, cancellation of deeds of trust and judgments, and the like;   |
| (d) Preparing for and attending valuation hearings;   | (n) Drafting and mailing of certified letters to creditors regarding matters related to alleged violations of the automatic stay.  |
| (e) Motions to transfer venue;  | (o) Drafting and mailing letters regarding voluntary turnover of property.   |
| (f) Conferring with you regarding obtaining post-petition credit where no formal application is ultimately filed;   | (p) Reviewing documents in relation to the use or sale of collateral when no formal application is ultimately filed.   |
| (g) Drafting motions to avoid liens pursuant to § 522(f);   | (q) Providing you with a list of answers to frequently asked questions and other routine communications with you during the pendency of the case.  |
| (h) Calculating plan payment modifications, where no formal motion is ultimately filed;   |  |
| (i) Responding to creditor contacts regarding plan terms, valuation of collateral, claim amounts, and the like;   |  |
| (j) Responding to your contacts regarding job losses, changes in your financial circumstances, address changes, and advising the Court and the Chapter 13 Trustee of the same when appropriate; |  |
| (k) Communicating with you, to a degree that is reasonable, regarding mortgage payment  |  |

- (r) Requesting plan payoffs from the Chapter 13 Trustee.  
In some Chapter 13 cases, legal services which are beyond those normally contemplated must be performed. These legal services are not covered by the base fee. These "non-base" services include the following:

- (a) Abandonment of property post-confirmation;
- (b) Motions for moratorium;
- (c) Motions for authority to sell property;
- (d) Motions to modify plan;
- (e) Motions to use cash collateral or to incur debt.
- (f) Defense of motions for relief from stay or co-debtor stay;
- (g) Defense of motions to dismiss filed after confirmation of your plan;
- (h) Stay violation litigation, including amounts paid as fees by the creditor or other parties;
- (i) Post-discharge injunction actions;
- (j) Adversary proceedings;
- (k) Motions to turnover property;
- (l) Conversions to Chapter 7;
- (m) Motions to substitute collateral; and
- (n) Any other matter not covered by the base fee

For such "non-base" services you will be charged on the basis of attorney's time expended at the rate of \$200.00 per hour plus the amount of expenses incurred (such as court fees, travel, long distance telephone, photocopying, postage, etc.). Such "non-base" fees are chargeable only after the same are approved by the Bankruptcy Court. Except as set forth below, before any such fees are charged you will receive a copy of my motion filed in the Court requesting approval of any such "non-base" fees as well as a notice explaining your opportunity to object if you do not agree with the fee applied for. Any fees awarded for "non-base" services will be paid to the undersigned attorney from your payments to the Chapter 13 Trustee in the same way as payment of "base" fees. **It is possible that "non-base" fees approved by the Court may cause your payment to the Chapter 13 Trustee to be increased or the term of your Chapter 13 plan extended.** Whether or not a payment increase or an extension will be necessary depends upon the facts of your case. If a payment increase is necessary because of a court-approved "non-base" fee, the Chapter 13 Trustee will notify you of the amount of the increase.

In the Court's discretion, your attorney in a Chapter 13 proceeding may request, in open court, and without any other notice, "non-base" fees for the following services in amounts not exceeding those shown below. Without other notice, your attorney may also request [the actual expenses of filing fees and of notice to creditors.] OR [up to \$1.00 for each item noticed to creditors as expense for postage, copying, and envelopes. These fees may be adjusted (increased) by the Court at a later date, and, if so, those adjusted fees will then be charged.]

(a)	Defense of motion to dismiss	\$200
(b)	Motion to modify and order, including motion for moratorium	\$450
(c)	Substitution of collateral	\$450
(d)	Prosecution or defense of motion for relief from stay or co-debtor stay and order	\$450
(e)	Motion for authority to sell property and order	\$450
(f)	Motion to obtain credit	\$450
(g)	Permission from Chapter 13 Trustee to obtain credit (to be filed as an administrative claim)	\$200
(h)	Motion to continue or impose the automatic stay	\$350
(i)	When substitute legal counsel is retained by a Chapter 13 debtor, such substituted counsel is entitled to a presumptive base fee of \$500 without formal application to the Court, provided that the order allowing substitute counsel specifies both the	

- amount of the fee and whether the fee is paid direct by the debtor or through the plan.
- (j) Preparation and filing of conduit mortgage claim with recorded deed of trust, Official Bankruptcy Form B 10A, and Local Form 14 (to be filed as an administrative claim) \$350
- (k) Objection to proof of claim of a Real Property Creditor \$450
- (l) Consent to an amended proof of claim in lieu of an objection to a motion to modify stay or to an amended proof of claim where the debtor has failed to make post-petition payments \$450
- (m) Motion to incur debt related to the approval of a loan modification with a real property Creditor \$450
- Motion to declare mortgage current \$450

#### ACKNOWLEDGMENT

I hereby certify that I have read this notice and that I have received a copy of this notice.

Dated: 8/19/19

[Signature]  
Debtor's Signature

Dated: 8/19/19

Brenda H. Hickey  
Debtor's Signature

I hereby certify that I have reviewed this notice with the debtor(s) and that the debtor(s) have received a copy of this notice.

Dated: 8/19/19

[Signature]  
Attorney

Local Form 13

March 2013

**AUTHORIZATION TO RELEASE INFORMATION TO THE CHAPTER 13 TRUSTEE  
REGARDING MORTGAGE CLAIM BEING PAID BY THE TRUSTEE**  
(to be filed with the Court)

( ) Not Applicable

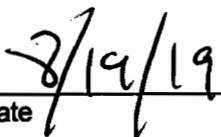
Debtor Name(s) **Douglas and Brenda Hicks** Case No. \_\_\_\_\_

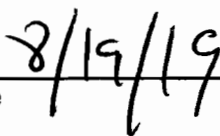
The Debtor(s) in the above captioned bankruptcy case does/do hereby authorize any and all lien holders on real property of the bankruptcy estate to release information to the standing Chapter 13 Trustee upon request.

The information to be released includes, but is not limited to, the amount of the post-petition monthly installment payments, the annual interest rate and type of loan, the loan balance, the escrow account(s), the amount of the contractual late charge, and the mailing address for payments. This information will only be used by the Chapter 13 Trustee and his/her staff in the administration of the bankruptcy estate and may be included in motions brought before the Court.

  
Debtor's Signature

  
Joint Debtor's Signature

  
Date

  
Date